

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 915760	FILING DATE 07-26-01
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3	/						53
4	/						54
5	/						55
6	/						56
7	/						57
8	/						58
9	/						59
10	/						60
11	/						61
12	/						62
13	/						63
14	/						64
15	/						65
16	/						66
17	/						67
18	/						68
19	/						69
20	/						70
21	/						71
22	/						72
23	/						73
24	/						74
25	/						75
26	/						76
27	/						77
28	/						78
29	/						79
30	/						80
31	/						81
32	/						82
33	/						83
34	/						84
35	/						85
36	/						86
37	/						87
38	/						88
39		/					89
40	/						90
41		/					91
42		/					92
43		/					93
44	/						94
45	/						95
46		/					96
47		/					97
48	/						98
49		/					99
50	/						100
TOTAL IND.			↓		↓	↓	TOTAL IND. 10
TOTAL DEP.			↓		↓	↓	TOTAL DEP. 55
TOTAL CLAIMS							TOTAL CLAIMS 65

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS